POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*		5-9(?)
O.I.P.E. CLASSIFIER		12	3/15
FORMALITY REVIEW		65918	7-20-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim (Final / Original)	Date			
1	✓	✓	✓	✓
2	✓	✓	✓	✓
3	✓	✓	✓	✓
4	✓	✓	✓	✓
5	✓	✓	✓	✓
6	✓	✓	✓	✓
7	✓	✓	✓	✓
8	✓	✓	✓	✓
9	✓			
10	✓	✓	✓	✓
11	✓	✓	✓	✓
12	✓	✓	✓	✓
13	✓			
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Claim (Final / Original)	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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